

**Cambridgeshire County Council.**

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**ANNUAL REPORT**

OF THE

**Medical Officer of Health**

FOR THE

**Administrative County of Cambridge**

*For the Year 1921.*

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# County of Cambridge.

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AND SCHOOL MEDICAL OFFICER :  
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*With the Compliments  
of the  
County Medical Officer of Health  
and School Medical Officer.*



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In future Medical Officers of Health for Sanitary Districts will only be required by the Minister of Health to furnish an Annual Report of a full and detailed character ("Survey Report") every five years, the ordinary report in the intermediate years being of a more simple character. For this reason certain of the sections of my report which summarise the District reports are much abbreviated. Those sections which deal with work undertaken by the County Council are of a more detailed character, but statistical tables have again been omitted from motives of economy.

## GENERAL CHARACTERISTICS.

The total area of the Administrative County, exclusive of water, is 314,520 acres. There is only one Urban District within its borders, the Borough of Cambridge, which, in addition to being the seat of the University, is the market town for the County. Outside Cambridge, the County comprises 131 rural parishes, whose main industry is agriculture. Apart from a large jam factory, and such industries as cement making, brick making, and brewing, there is little in the way of manufacture.

A considerable part of the County area, that to the South and East, is on the Chalk formations; to the West and North West are Gault and Jurassic Clays, while to the North are the fenlands. The Chalk, and the Lower Greensand which underlies the Gault Clay, are valuable sources of water supply.

## HOUSING OF THE WORKING CLASSES.

During the year 309 new houses were built, 72 in Cambridge and 237 in the Rural Districts. Of these, 220 were erected as part of the housing schemes of the Local Authorities, 49 in Cambridge and 171 in the rural area, the remaining 89 being built by private enterprise. To this should be added

20 cottages finished during the year at Papworth Everard, and 8 in course of construction, for occupation by patients who have undergone treatment and training at the Cambridgeshire Tuberculosis Colony. These were erected by the County Council under powers transferred from the Caxton Rural District Council by agreement.

The total number of houses inspected for housing defects under Public Health or Housing Acts was 5,237, of which 1,142 were in Cambridge, and 4,095 in the rural area. Under the Housing (Inspection of District) Regulations, 3,776 houses were inspected, 257 in Cambridge, and 3,519 in the Rural Districts. Of these, 127 were recorded as unfit for human habitation, 53 in Cambridge and 74 in the rural area, while 730 (Cambridge 513, Rural 217) were not in all respects reasonably fit for human habitation.

The remedy of defects has been mainly effected by informal negotiation between the Local Authorities and the owners, 693 houses being thus rendered fit (Cambridge 558, Rural 135). In addition, repair notices were served regarding 215 houses (Cambridge 78, Rural 137), the repairs being in the great majority of cases undertaken by the owner. In Cambridge repairs to 30 houses were executed by the Local Authority in default of the owner; no such action appears to have been undertaken elsewhere.

Owing to the continued shortage of houses very little action has been possible in the exercise of powers for closing houses unfit for human habitation. From reports received from health visitors in the rural area there is still abundant evidence of the continued existence of serious overcrowding, and striking examples are also given in the Cambridge report. Owing to lack of accommodation, no representations for Closing Orders were made in Cambridge, and 23 only in the Rural Districts. Twenty-two Orders were made in the Rural Districts, of which only one was determined on the house



being rendered fit for habitation. No Demolition Orders were made during the year.

## WATER SUPPLY.

Details of the sources of supply for the respective sanitary districts have been given in previous reports.

I am unaware of serious difficulty having arisen in Cambridge or in those villages in which there is a public piped supply of water, but the drought was undoubtedly felt severely in those parishes which are entirely dependent upon wells. In many parishes water had to be carted from a considerable distance, and was frequently sold for domestic purposes for a small charge per pail.

In Elsworth parish, in the Caxton Rural District, the experience of the drought has led to the promotion of a scheme for the piped public supply of water from the East Hunts. Company's works, a scheme which has received the sanction of the Ministry of Health, and is at present being executed.

In Chesterton R.D., the supply line of the local Waterworks Company has been extended at Willingham. Under the provisions of the Cambridge University and Town Waterworks Company's Act of 1910, standpipes have been provided at Great Wilbraham, where shortage occurred during the year, and additional standpipes have been erected at Fulbourn under the provisions of the same Act. At Little Wilbraham, where there was serious shortage of water from the local wells, private owners have deepened 11 wells and sunk 4 new wells as required by the Local Sanitary Authority. At Dry Drayton a new public well has been sunk to a depth of 90 feet.

The Newmarket Rural District Council have under consideration a scheme for the public supply of the parishes of Dullingham, Burrough Green, Brinkley and Westley

Waterless, and the supply to the parish of Kirtling is also under discussion. At Soham the pipeline from the new public waterworks is under construction.

In the Melbourn R.D., Dr. Macfadyen draws attention to the urgent need for a good and convenient supply for the parish of Great Chishall.

## DRAINAGE, SEWERAGE AND REFUSE DISPOSAL.

No new work of importance is recorded as having been carried out in any of the sanitary districts during the year. There can be no doubt of the necessity for a public scheme of scavenging for certain of the larger villages, and for a more rapid conversion of privy pits to a more sanitary type of closet.

## NUISANCES.

As has been pointed out before there is no uniform tabular statement prescribed which would show in concise form the work carried out by the Sanitary Inspectors. Some suggestion of the volume of the work undertaken is given by the following figures:—

	<i>Inspections.</i>	<i>Informal Notices.</i>	<i>Statutory Notices.</i>
Cambridge ...	3498	348	38
Chesterton R.D.	1744	284	51
Linton R.D. ...	1124	69	23
Swavesey R.D.	328	51	4
Newmarket R.D.	1368	99	38
Caxton R.D. ...	275?	?	?
Melbourn R.D.	907	Total Notices, 92.	

The only reference to legal proceedings is in the report for the Chesterton Rural District, where proceedings taken in two cases were successful.

## CONTROL OF FOOD SUPPLIES.

The District reports indicate the inspection of such regulated premises as slaughterhouses, milk premises, and bakehouses. Detailed statistical information is given for Cambridge, but for the Rural Districts, speaking generally, the information is given in general terms.

Except for the condemnation of some 33 tins of unsound food in the Newmarket Rural District there is no record of such action in the Rural Districts. In such scattered areas efficient supervision of food supplies is notoriously difficult, especially as regards the slaughtering of beasts, which is carried out on scattered small premises. In Cambridge such supervision is constant, as shewn by the fact that 2,930 inspections were paid to the 27 slaughterhouses, there being no public abattoir. About 76 cwt. of meat, and some 31 cwt. of other foods were condemned as unsound. As in 1920, this was a much smaller amount than in the previous year, and Dr. Laird again speculates as to the reason for the amount detected being so much less than during the war, when slaughtering was "controlled." He also emphasises the need for an abattoir or some form of centralisation of killing in a given area, and for the licensing of those connected with the meat trade.

## SALE OF FOOD AND DRUGS ACTS.

*Rural Area.*—In this area the Acts continue to be administered by the County Police. The total number of samples taken and reported upon by the Public Analyst was 180 (135 in 1920), of which 97 were taken formally and 83 informally. The samples were:—Milk 108, skimmed milk 1, butter 42, margarine 14, lard 10, cheese 1, sugar 2, and rice 2.

Of the 180 samples analysed, 8, or 4.4 per cent., proved not to be genuine, compared with 8.9 per cent. in 1920, 6.3

in 1919, 11.4 in 1918, 3.4 in 1917, 5.2 in 1916, 1.2 in 1915, and 5.1 per cent. in 1914. Of the 108 milk samples 34 were taken informally, and of these 5 proved not to be genuine, 4 showing deficiency of milk fat to the extent of 3, 6, 5, and 33 per cent. respectively, and one showing evidence of 3 per cent. of added water.

Three of the 74 formal samples of fresh milk proved not to be genuine, the action taken being as follows:—

1. Deficient 16 per cent. in milk fat. Proceedings dismissed, as vendor pleaded that the milk was as it came from the cow, and on appeal to the cow the sample was genuine.

2. Deficient 11 per cent. in milk fat. Convicted, and fined 20/- inclusive of costs.

3. Deficient 6 per cent. in milk fat. No proceedings; vendor cautioned.

*Cambridge Borough.*—Samples taken for analysis numbered 183 (147 in 1920), including 35 informal samples. The principal items were milk 89, butter 5, cream 6, jam 6, sago 8, coffee 5, baking powder 5, and lard 5. Of the 24 other articles sampled the number of samples in no case exceeded four.

The percentage of non-genuine samples, 15 in number, was 8.2, compared with 6.8 in 1920, 2.3 in 1919, 6.4 in 1918, 9.7 in 1916 and 1917, 8.4 in 1915, 7.8 in 1914, and 22.5 in 1913.

Ten formal samples of milk proved on analysis not to be genuine, 7 shewing deficiency in milk fat to the extent of 21, 16, 16, 6, 3, 5, and 6 per cent. respectively, while 3 contained 27, 13, and 17 per cent. of added water respectively. Proceedings were taken in respect of all 3 samples which contained added water; convictions were obtained in each case, the total fines inflicted (with costs) amounting to £25 18s. 3d.

Proceedings with regard to a case of 16 per cent. deficiency in milk fat were dismissed, defendant proving that the milk was as it came from the cow, and no legal action was taken in respect of a sample which was 3 per cent. deficient in fat the sample having been taken informally.

Twenty-three samples were taken in course of delivery, including certain of these which were deficient in fat, and 11 samples were taken by "appeal to the cow."

In addition to non-genuine samples previously referred to, 6 others shewed the quality of the milk to be poor, the percentage of fat being only 3 or 3.05, but no legal action was taken as "appeal to the cow" samples shewed a similar deficiency.

In addition to milk, 3 samples of sago proved not to be genuine; two cases were dismissed, but a conviction was obtained in the third, and a fine of £2 12s. 6d. (including costs) inflicted. One informal sample of bicarbonate of soda was not genuine.

*Use of Preservatives.*—In both urban and rural areas the Public Analyst examines for preservatives all samples taken under the Sale of Food and Drugs Acts which are likely to contain them. In the rural area boric acid was found to the extent of 0.20 to 0.50 per cent. in 24 samples of butter, and in quantities varying from 0.10 to 0.50 per cent. in 14 samples of margarine.

In Cambridge Borough no preservatives were found in any of the 89 samples of milk and cream examined. There was no offence under the Public Health (Milk and Cream) Regulations, 1912.

## SCHOOLS.

The work of the School Medical Service is dealt with fully in the Annual Report to the Education Committee.



As regards infectious disease there was no outstanding feature of interest to record. A contagious form of conjunctivitis made its appearance among school children in three adjoining parishes, and glandular fever was extensively prevalent in two other schools. The total number of home visits paid by School Nurses for enquiry and advice in connection with infectious and contagious disease was 1691.

The School Medical Staff paid 33 special visits to schools in the rural area for enquiry into infectious and contagious disease, and the School Medical Officer certified for closure of 21 schools. For bacteriological diagnosis of diphtheria 207 swabs were taken, 14 of which showed evidence of diphtheria.

The report of the County Education Committee contains notes on the hygienic condition of school premises, on which also 13 special reports were furnished during the year by the School Medical Officer regarding 13 schools, 3 Provided, and 10 Non-provided.

## ISOLATION HOSPITALS.

Of the four isolation hospitals in the area, the three provided by Cambridge Borough and the Newmarket and Melbourn Rural Districts are permanent structures, while the hospital provided for the Chesterton Rural District has a permanent administrative block with one temporary ward pavilion.

The Cambridge Isolation Hospital accommodates 62 patients, and is able to admit cases from other Sanitary Districts for payment. Such patients were admitted during the year from the Caxton, Linton and Swavesey Rural Districts, which have no isolation hospitals, as well as from certain of the other districts, from time to time, when their beds were occupied by other diseases.

There is some deficiency in accommodation on air-space in the Isolation Hospital at Exning, which is shared by the Newmarket Rural District with the Moulton Rural District (West Suffolk). Accommodation for the resident staff is also inadequate, and a steam disinfecter is needed.

In the Melbourn Rural District's hospital at Royston, shared with the Ashwell Rural District (Herts.), the accommodation is insufficient on a population basis, and only one disease can be admitted at a time. The same observation applies to the hospital provided by the Chesterton Rural District Council.

The best method of remedying the deficiency of accommodation for the rural population, for whom an additional 24 beds are estimated to be required, would be to extend the Cambridge Isolation Hospital, or, failing that, to accommodate all rural cases in one central hospital elsewhere. The solution of this problem has, however, been deferred on financial grounds.

The isolation hospitals were inspected during the year, and the annual grants were approved for payment by the County Council in respect of the hospitals provided by the Cambridge Town Council, and by the Newmarket and Melbourn Rural District Councils. The total grants for the financial year 1921-22 amounted to £838 14s. 4d.

There is no change in the position as regards the isolation of small-pox. Chesterton Rural District Council is the only Local Authority which has not entered into an agreement with the Cambridge Town Council for the admission of cases to the Cambridge Small-pox Hospital, a temporary structure on the outskirts of the town.

## MATERNITY AND CHILD WELFARE.

The maternity and child welfare scheme for the Borough of Cambridge is administered by the Town Council, and that for the rural area of the County by the County Council.

*Cambridge Borough.*—Under the Notification of Births Act, 1907, there were notified 939 births, or 100 per cent. of the total births registered, against 93.6 per cent. in 1920.

The following is a record of the home visits paid by the two Health Visitors.

First visits to Infants	...	...	...	778
Subsequent visits to Infants	...	...	...	2700
Visits to children 1—5 years	...	...	...	416
First visits to Expectant Mothers	...	...	...	67
Subsequent visits to Expectant Mothers	...	...	...	6
Other Cases	...	...	...	90
Total				4057

The four Consultation Centres are provided and managed by the Cambridge Association for Maternity and Child Welfare, the medical and health visiting staff being provided by the Corporation. During the year 4,228 attendances were paid by 573 infants, and 1,256 attendances by 223 children aged one to five years. Twenty-one expectant mothers also paid 114 attendances at the ante-natal consultations.

A clinic for the dental treatment of expectant and nursing mothers and children under 5 was opened by the Town Council early in 1921, and considerable prominence is given to this matter in Dr. Laird's report, which includes a report by Mr. Grandison, the Public Dental Officer.

The principal objects are to assist in the development of the infant by rendering the mouths of expectant and nursing mothers healthy, to enrol children in the dental scheme before eruption of the teeth and to keep them under supervision, and to give instruction as to correct feeding and on the necessity for absolute cleanliness of the mouth.



In a number of cases the progress of the infant is prejudiced by the unhealthy state of the mother's mouth, and this results in bottle feeding being resorted to. Dr. Laird shows that there is no foundation for the custom of deferring dental treatment of the mother until after confinement, but that, on the contrary, the results of such treatment during pregnancy are most beneficial.

Under the Town Council's new scheme, patients are recommended to the Dental Clinic by their medical attendant or the medical officer of an infant clinic. During the year, 78 mothers were referred to the clinic, 64 received treatment and 34 had dentures inserted; 46 children under school age were also dealt with. Fees are charged for dentures on an agreed scale.

*Rural Districts.*—During the year, 1,163 notifications were received under the Notification of Births Acts, the number of births registered as having occurred within the same period being 1,265. After deducting 37 duplicates and 41 still-births, the number of live births notified was 1,085, or 85.7 per cent. of the total registered, compared with 90 per cent. in 1920.

The proportion of notifications by medical practitioners (638) decreased to 54.9 per cent. from 60 per cent. in 1920, notifications by midwives increasing appreciably from 30.9 to 37.5 per cent., and those by relatives decreasing from 9 to 7.5 per cent. Forty-six infants were also reported for visitation purposes by Health Visitors and the Masters of Poor Law Institutions, having either come to the notice of the former during the course of their work or being reported by the latter on their leaving the Workhouse. The interchange of complete monthly lists of registered and notified births with the Registrars continues.

The record of home visitation by the staffs of the County and District Nursing Associations for advice with regard

to expectant and nursing mothers, infants and young children up to school age was again a satisfactory one. The total visits paid were as follows:—

	<i>Expectant Mothers.</i>	<i>Infants.</i>	<i>Up to School Age.</i>	<i>Total.</i>
County Health Visitors	328	4965	6179	11473
District Nurses ...	1545	5713	6490	13748
<hr/>				
Total for 1921	1873	10678	12669	25221
„ „ 1920	1836	10202	11866	23904

These figures indicate more frequent visitation of mothers and infants amounting in the aggregate to a higher total of visits although the number of births during the year was 233 less than in 1920. In consequence of the reduced number of births a smaller number of *first* visits was paid to expectant mothers and infants, viz.: 413 to expectant mothers, against 442 in 1920, and 1,142 to infants, against 1,446 in 1920. The average number of visits to each was, however, greater, viz.: 4.5 to each expectant mother, against 4.1 in 1920, and 9.3 to each infant, against 7.0 in 1920. It should be noted also that there was some increase in the proportion of expectant mothers who desired ante-natal visitation, viz.: 32.5 per cent. against 30 per cent. in 1920.

Under new requirements of the Ministry of Health, the scheme for the supply of milk to expectant or nursing mothers and young children was revised, and a more stringent necessity scale adopted. All cases are the subject of careful enquiry before the supply is authorised on medical and financial grounds. During the year 52 fresh applications were dealt with by the Committee, and the supply of fresh milk was authorised to 27 families, and of dried milk to 11 families, 38 families in all. In addition, 86 families remaining on the register from 1920 were supplied, the total number of families thus assisted being 124. During the same period the

supply of milk to 84 families was discontinued. There is abundant evidence forthcoming of the good results obtained from the supply of milk to both mothers and children, and the assistance given is greatly appreciated.

Special enquiries were made during the year into 61 cases of mothers and infants with a view to institutional treatment where found necessary, and 11 mothers were maintained by the Council in Addenbrooke's Hospital for treatment in connection with their confinement; hospital letters were also given for mothers and children. Sixteen mothers were also referred to the Surgical Aid Association as desiring dental treatment or other form of assistance.

The policy of the Council with regard to maternity and child welfare centres in the rural area remains the same, expenditure being limited to grants in aid of voluntary centres where required. The four voluntary centres in the larger villages of Sawston, Linton, Great Shelford and Cottenham have continued their work, and grants were made to the three last named.

In consideration of a capital grant, two places are available in the Maternity Home opened by the Ely Diocesan Association in 1920 with 12 places for fatherless children with their mothers.

Two home helps, for assistance in domestic duties in the homes during confinement, have been provided by the County Nursing Association. The County Council pay a small annual retaining fee, and assist as far as necessary in payment for their services rendered in individual cases. Fourteen cases were attended in 1921.

## MIDWIVES ACTS.

The County Council are the Local Supervising Authority for the Administrative County, but to facilitate the working

of the Maternity and Child Welfare scheme of the Borough of Cambridge certain powers and duties under the Midwives Act were delegated to the Town Council prior to the Midwives Act, 1918. The services of the County Council's Inspector of Midwives are utilised for inspection purposes.

During the year 140 routine visits of inspection were paid to midwives by the Inspector, 21 in Cambridge Borough and 119 in the rural area. Special enquiries were also made from time to time as occasion arose, the number of such enquiries during the year being 41. One enquiry was made into alleged unregistered practise, but the woman proved to be acting as a maternity nurse under medical supervision. Occasion did not arise to report any midwife to the Central Midwives Board.

The following is the number of women who notified their intention to practise in the years specified:—

		<i>Trained.</i>	<i>Untrained.</i>	<i>Total.</i>
January, 1906	...	24	42	66
„ 1921	...	41	4	45
„ 1922	...	48	4	52

Of the 52 midwives who notified in January, 1922, 9 reside in Cambridge (all trained) and 43 (39 trained, 4 untrained) live in the rural area. Including notifications received after January, there were 61 women (57 trained, 4 untrained) practising in the Administrative County during 1921. Some of these notifications were due to holiday duty undertaken for District Nurses. Since the commencement of the administration of the Acts, the number of trained midwives notifying has doubled. This is due to the formation of District Nursing Associations, encouraged by financial assistance from the County Council, through the agency of the County Nursing Association.

Under the provisions of the Midwives Act, 1918, grants were approved by the County Council in respect of three candidates submitted by the County Nursing Association for training as Nurse-Midwives, whose period of training commenced during the year. A grant was also approved in respect of a candidate trained by the Croxton District Nursing Association.

Through the instrumentality of the County Nursing Association three new District Nursing Associations commenced work in four parishes during the year. Grants were paid or approved by the County Council in respect of four Nurse-Midwives employed by District Nursing Associations.

Apart from intention to practise and change of address, notifications received from midwives numbered 201, against 217 in 1920, 128 in 1919, 136 in 1918, and 114 in 1917. They comprised medical help for mother 129, for infant 36, still-birth 11, laying out the dead 9, liability to be a source of infection 8, and artificial feeding 5. From investigation of 14 notifications of rise of temperature during the puerperium and of liability to be a source of infection it transpired that certified midwives were concerned with four septic cases, but there was no infringement of the rules of the Central Midwives Board in their conduct of these confinements, and in two they acted as maternity nurses only. The notified cases of inflamed eyes in the newly born enquired into were not severe, and were few in number. The one death of an infant before arrival of a doctor was attributed to prematurity, and no inquest was considered necessary.

Of the 165 midwifery cases to which a doctor was summoned by a midwife under circumstances of difficulty, the payment of the fee by the County Council was claimed by the doctor under the provisions of the Midwives Act, 1918, in 124 cases, against 120 in 1920. All cases are the subject of enquiry and wherever practicable the fee is recovered



from the patient in whole or in part. The Surgical Aid Association rendered assistance in collection of these payments in Cambridge Borough, and in view of the value of their services generally in connection with maternal and child welfare, the Ministry have approved the payment of a grant to the Association by the County Council.

## VENEREAL DISEASES.

The County Council's scheme for combating venereal diseases includes arrangements for pathological diagnosis at the University Medical School, the treatment centre at Addenbrooke's Hospital, Cambridge, the supply of special drugs to medical practitioners experienced in their use, and propaganda work undertaken by the Cambridgeshire Branch of the National Council for Combating Venereal Disease.

*Treatment Centre.*—Details of the treatment centre at Addenbrooke's Hospital have been given in previous annual reports, and these arrangements were continued during 1921. Any person is entitled to receive treatment free of charge, and can obtain particulars as to hours of attendance by application to the County or District Medical Officers of Health. Clinics are held twice weekly for both sexes, but at separate hours.

The work done at the treatment centre during 1921 is summarised in the following tables:—

TABLE I.

	<i>Male.</i>	<i>Female.</i>	<i>Total.</i>
Under treatment on			
January 1st, 1921 ...	84	50	134
New patients during 1921	124	79	203
Total under treatment	208	129	337
Venereal Disease ...	197	118	315
Not Venereal Disease	11	11	22

	<i>Male.</i>	<i>Female.</i>	<i>Total.</i>
Left without completing treatment ... ..	58	35	93
Completed treatment but not final tests ...	17	5	22
Completed treatment and tests ... ..	49	27	76
Transferred to other Treatment Centres...	4	1	5
Under treatment at end of year ... ..	69	51	120
Total out-patient attendances ... ..	1259	449	1708
Aggregate " in-patient days " ... ..	340	1073	1413

TABLE II.

	<i>Other Cambs. Counties.</i>	<i>Total 1921.</i>	<i>Total 1920.</i>
New out-patients during 1921 ...	109	94	203
Total out-patient attendances ...	986	722	1708
Aggregate in-patient days ... ..	805	608	1413
Doses of salvarsan substitutes ...	312	373	685
			1123

TABLE III.

## CAMBRIDGESHIRE PATIENTS.

	<i>1921.</i>	<i>1920.</i>	<i>Decrease per cent.</i>
New out-patients ... ..	109	205	47
Total out-patient attendances	986	1768	44
Aggregate in-patient days...	805	1119	28

The total work done at the Centre, including patients from other Counties, which increased steadily up to the year 1920, both as regards the number of new patients and attendances, shewed a decided decrease in 1921. The number of new out-patients was 35 per cent. less than in 1920, and the total number of attendances made was lower by 41 per cent. than in that year.

Reference to Table III. shews that the reduction was even greater in the case of Cambridgeshire patients, both in the number of new patients and of attendances on the fixed treatment days, though probably all the 306 male attendances on intermediate days for irrigation, which do not appear in the tables, were made by Cambridgeshire patients.

There have been no administrative changes which might lead to the centre being less appreciated than in the past, and it may be hoped therefore that the smaller volume of work indicates a decrease in the prevalence of venereal disease.

After deducting patients remaining under treatment at the end of the year and those not suffering from venereal disease, it would appear that approximately half the patients ceased attendance without having completed their course of treatment, and about one-fifth of those who did complete treatment did not complete the final tests of freedom from infection. This is a weak feature common to treatment schemes, and is an argument which is frequently adduced in support of the need for notification of venereal disease.

*Laboratory Diagnosis.*—Under the Council's scheme specimens are examined free of charge to medical practitioners and their patients at the University Laboratories. During the year 492 specimens were tested by the Wassermann reaction for syphilis, and 353 were submitted for bacteriological examination. These figures include specimens sent from



the treatment centre, and are practically the same as those for 1920.

*Propaganda.*—The County Council have now for five years undertaken propaganda work through the agency of the Cambridgeshire Branch of the National Council, to which body they make an annual grant.

The work includes both lectures and the exhibition of cinema films, and, as intimated in previous reports, the Branch are impressed with the educational value of the latter method. On grounds of economy the programme for 1921 was confined to the exhibition of the National Council's four films, "The Shadow," "The Flaw," "Memories," and "Waste." These films proved less attractive in Cambridge than others previously exhibited, but drew large audiences in certain of the larger villages. Literature was distributed free at these exhibitions.

## METHODS OF CONTROL OF TUBERCULOSIS.

Dr. W. Paton Philip took up his duties as whole time Tuberculosis Officer early in 1921.

The County Council continued to provide supervision in the homes, dispensary treatment and sanatorium accommodation for tubercular persons, whether insured or uninsured, and including ex-Service men. The Insurance Committee have since May 1st, 1921, ceased to be concerned with the provision of institutional services, and under the Tuberculosis Act of 1920 the County Council were required to provide such treatment in accordance with their scheme already approved by the Ministry of Health. This does not include domiciliary treatment by medical practitioners, which for insured persons continues to be provided by panel practitioners.

A special Tuberculosis Sub-Committee of the Public Health Committee was set up to deal with all matters relating to the treatment of tuberculosis, including the selection of cases for sanatorium treatment and the management of the Tuberculosis Dispensary.

*Dispensary and Homes.*—The following figures indicate the volume of work undertaken at or in connection with the Tuberculosis Dispensary (1, Camden Place, Regent Street, Cambridge), including periodic visitation in the homes of the patients for supervision and advice. The Dispensary at Cambridge serves the whole County area.

1. Cases examined or treated at or in connection with the Dispensary were as follows:—

	1920.	1921.
New Cases ... ..	495	676
Old „ ... ..	718	1059
	<hr/>	<hr/>
	1213	1735
	<hr/>	<hr/>

2. Visits of Patients to Dispensary:—

	1920.	1921.
Insured Persons ... ..	449	577
School Children ... ..	632	645
Other Uninsured Persons ... ..	188	213
	<hr/>	<hr/>
	1269	1435
	<hr/>	<hr/>

3. Visits to Homes:—

(a) *By Tuberculosis Officer:—*

		Borough.	Rural.	Total.
Insured ... ..		104	1305	1409
School Children ... ..		29	356	385
Other Uninsured ... ..		23	352	375
		<hr/>	<hr/>	<hr/>
Total 1921 ... ..		156	2013	2169
„ 1920 ... ..		169	766	935
		<hr/>	<hr/>	<hr/>

*(b) By Dispensary Nurses :—*

				Borough.	Rural.	Total.
Insured	...	...	...	577	328	905
Uninsured	...	...	...	647	541	1188
				<hr/>		
	Total	1921	...	1224	869	2093
	,,	1920	...	1264	800	2064
				<hr/>		

*(c) By General Nursing Staff :—*

Insured	...	...	...	—	501	501
Uninsured	...	...	...	—	509	509
				<hr/>		
	Total	1921	...	—	1010	1010
	,,	1920	...	—	1020	1020
				<hr/>		

## Grand Total home visits :—

1921.	...	...	1380	3892	5272
1920	...	...	1433	2586	4019

Specimens of sputum examined bacteriologically numbered 144 (88 in 1920), the tubercle bacillus being found in 33 specimens. X-ray examinations numbered 40.

Full details of the work of the Tuberculosis Dispensary have been given in previous reports and need not be repeated here. It is satisfactory to note from the above tables the large increase in the volume of work done in connection with the Dispensary organisation. Not only was a larger number of visits paid by patients to the Dispensary, but a much larger number were examined either there or in their homes. It is especially noteworthy that the home visits paid by the Tuberculosis Officer in the rural area were more than double the number recorded for the previous year.

No dental treatment was provided during 1921, but a limited scheme is at present under consideration by the Committee.

Twelve additional open-air shelters, with bedding outfits, were purchased, bringing the number acquired up to 123.

The Tuberculosis Officer is medical adviser to the Cambridgeshire After-care Association, and general after-care is one of the normal functions of his office. The home conditions of patients are kept under supervision, advice and assistance are given in connection with employment, and application is made to various organisations for assistance as regards food, etc.

*Sanatorium Accommodation.*—The provision made by the County Council is for both insured and uninsured persons, including children. Preferential accommodation is found for ex-Service men, but the whole cost is defrayed by the Treasury where the disease is attributable to or aggravated by military service, or in the case of men invalided from the Service for tuberculosis.

The following table shows that in addition to 60 ex-Service men, 61 insured persons (34 men and 27 women), 20 uninsured adults (5 men, 15 women) and 76 children were admitted to Sanatoria during the year.

	<i>In Sanat.</i>			<i>Total.</i>
	<i>Jan. 1st.</i>	<i>Admitted.</i>	<i>Discharged.</i>	<i>Treated.</i>
Men :	1921.			
Ex-Service ...	32	60	61	92
Insured Civilians	20	34	25	54
Uninsured ...	4	5	4	9
Women :				
Insured ...	13	27	25	40
Uninsured ...	8	15	19	23
Children ...	36	76	65	112
	<hr/>	<hr/>	<hr/>	<hr/>
Total 1921	113	217	*119	330
„ 1920	91	189	†169	280
	<hr/>	<hr/>	<hr/>	<hr/>

\* Includes 11 deaths.

† Includes 6 deaths.

Including patients in institutions at the beginning of the year, the total number under sanatorium treatment in 1921 was 330 against 280 in 1920.

The County Council have not provided a sanatorium but pay for the maintenance of their patients in existing institutions. The institutions to which patients were sent in 1921 were as follows :—

*Male.*

*Ex-Service. Civilians. Women. Children. Total.*

Cambs. T. Colony	54	37	—	—	91
Bramblewood ...	—	—	31	2	33
Holt (Children's)	—	—	—	18	18
Maltings Farm	—	—	6	3	9
Wyton ...	—	—	4	16	20
Ipswich ...	—	—	1	9	10
Addenbrooke's					
Hospital ...	—	1	—	2	3
Kelling ...	5	1	—	—	6
Treloar's, Alton	—	—	—	3	3
Oak Bank ...	—	—	—	22	22
Preston Hall ...	1	—	—	—	1
Farnham ...	—	—	—	1	1
	60	39	42	76	217

Accommodation for men is mainly obtained by arrangement with the Cambridgeshire Tuberculosis Colony at Papworth Everard, vacancies for women and children being secured in institutions outside the County. The scheme provides for the continuous occupation of 100 beds for civilians, ex-Service men being accommodated in addition. There is no difficulty in gaining admission for men, and the delay in dealing with women is not great, but financial limitations result in considerable delay in the admission of children. Extended

accommodation is undoubtedly required if the needs of the County are to be fully met.

The number of beds actually reserved in Sanatoria is 79, made up as follows :—Papworth Colony 30, Bramblewood 14, Oak Bank 15, Holt Sanatorium for Children 12, Ipswich 5, and Maltings Farm 3.

## BLIND PERSONS ACT, 1920.

It is the duty of the County Council as Local Authority under this Act to promote the welfare of blind persons within their area, but the Education Committee retain their responsibility with regard to the training of blind children, adolescents and adults.

A special sub-committee of the Public Health and Housing Committee, appointed to consider the duties of the Council under the Act, reported that it was desirable that the work should be carried out for the whole County by a voluntary body on which the Council should be represented, and recommended that the Cambridge Society for the Blind should form the nucleus of this body. It would first be necessary for the Society to appoint one or two Home Visitors to visit the blind in their homes, and to ascertain what was required. The County Council would make grants to the Society for carrying out, with the approval of the Council, work on the following lines.

Provision for blind children under 5 years in Homes.

Notification to the Local Education Authorities of blind children of school age but not attending school, and of blind persons above school age for whom training appears desirable, and to co-operate with the Education Authorities with regard to the provision of such training.

Arrangements with the Norwich Institution for the Blind, or other similar institution, for the supply of



materials, tools, etc., for the supervision of the work of blind persons in their homes, and for the sale of finished articles on their behalf.

The provision of one or more teachers for visitation in the homes, to instruct in reading raised type, and in other simple occupations.

The provision of books, etc., for blind persons.

This was approved by the County Council, and negotiations were carried on with the Cambridge Society for the Blind which resulted in the formation of a new body, the Cambridgeshire Society for the Blind, to which the duties enumerated above are entrusted by the Council. Work has been commenced during the current year, 1922, and two Home Visitors have been appointed for duties in Cambridge and in the rural area respectively.

The Society will undertake other work for the blind for which the County Council are not in a position to give financial aid. The Honorary Secretary is Mrs. Stace, Heathfield, 44, Parkside, Cambridge, and the Honorary Treasurer is Mr. Alfred Hyde, Rustat House, Cambridge.

The County Council are the registration authority under the Act, and the duty of keeping the register of cases will be carried out for them by the Eastern Counties Association for the Blind.

## MENTAL DEFICIENCY ACT.

During the year 20 new cases were considered by the Committee for the Care of the Mentally Defective. Of these, 8 were notified as "neglected" (7 by the Cambridgeshire Voluntary Association and 1 from other sources), 9 by Local Education Authorities (Cambridge 3, County 6), and 1 Poor Law case by the Board of Control. Of the Local Education Authorities' cases, 6 were notified as "ineducable" (Borough

2, County 4), 1 as a moral imbecile (Borough) and 2 (County) about to leave a special school at the age of 16.

The foregoing cases were dealt with as follows:—

Certified Institution on petition	...	...	5
„ „ by Order of Home Secretary			2
Statutory Guardianship	...	...	2
Supervision by Voluntary Association	...	...	7
Responsibility not accepted	...	...	2
Insufficient evidence of defect	...	...	1
Considered not subject to be dealt with	...		1
			—
			20
			—

In addition to the foregoing, 10 defectives whose cases were considered during the previous year were sent to institutions under Order. There was one death among defectives in institutions during the year, and 2 were transferred to State Institutions.

The arrangements were continued whereby the Voluntary Association, in consideration of a financial grant, assist the Council by undertaking supervision of defective persons in their homes, by providing escorts to institutions and assistance in finding places of safety. They also assist in ascertainment, and by reporting to the Statutory Committee when defectives appear subject to be dealt with under the Mental Deficiency Act.

From the commencement of the administration of the Act to the end of the year, 222 persons had been brought to the notice of the Local Control Authority. Of those, 63 have been placed under the supervision of the Voluntary Association, 92 have been sent to Institutions (83 on petition, 2 under Order of Court, 2 to State Institutions, 2 by Order of the Home Secretary, and 3 under permissive powers),



and 5 have been placed under Guardianship. Ten of the defectives thus dealt with have died (8 in Institutions and 2 under supervision), 4 have been discharged from Certified Institutions to their homes, 3 transferred to mental hospitals, and 5 to Institutions for Violent Defectives. At the end of the year, 72 cases were being fully maintained in ordinary Certified Institutions, and 4 maintained under Guardianship.

Exclusive of those children for whom the Local Education Authorities are responsible, and of defectives for whose care provision has already been made under the Mental Deficiency Act, 208 defective persons had been ascertained from various sources by the end of the year, certain of whom will eventually require institutional care or training. Owing to restrictions of finance and the limitation of cases to those within the "urgency" definition of the Board of Control, the Committee are only in a position to send some 12 new cases to institutions during the current financial year. For financial reasons also no further steps have been taken for the provision of an institution or for acquiring additional accommodation in institutions elsewhere, although such provision is undoubtedly urgently required.

## VITAL STATISTICS AND INCIDENCE OF INFECTIOUS DISEASE.

The following figures are furnished by the Registrar-General as representing the populations to be used for calculation of birth and death rates for the year 1921. They are not identical with the figures given in the preliminary return for the census of 1921.

### *Population.*

County of Cambridge	...	...	...	129094
Cambridge Borough	...	...	...	58900
Aggregate of Rural Districts	...	...	...	70194

*Populations of Individual Rural Districts :—*

Chesterton ... ..	23860
Caxton and Arrington ... ..	7400
Linton ... ..	9870
Melbourn ... ..	8000
Newmarket ... ..	18640
Swavesey ... ..	2424
	<hr/>
	70194
	<hr/>

The excess of births over deaths during 1921 yields a natural increase of the population for the year of 794.

*Birth Rate.*—The statistics for 1921 furnished by the Registrar-General are as follows:—

	<i>Registered. Births.</i>	<i>Birth Rate per 1000 living.</i>
Administrative County ...	2291	17.7
Cambridge Borough ...	1026	17.4
Rural Districts ... ..	1265	17.9

The birth-rate fell during the War, the lowest point, 13.5 per 1000 for the whole County, being reached in 1917. Demobilisation in 1919 was followed by the high birth rate of 20.7 per 1000 in 1920, but in 1921 this rate fell to 17.7, or 0.6 per 1000 lower than the 1914 pre-War figure. This is shewn by the following figures, the reduction as compared with 1914 being entirely in the rural area.

<i>Number of Births.</i>				<i>Birth Rate.</i>			
	<i>Boro.' Rural.</i>	<i>Total.</i>		<i>Boro.' Rural.</i>	<i>Total.</i>		
1914 ...	996	1393	2389	17.4	19.1	18.3	
1920 ...	1219	1498	2717	20.2	21.0	20.7	
1921 ...	1026	1265	2291	17.4	17.9	17.7	

The rates for the Rural Districts, from highest to lowest, were:—Swavesey, 22.3 (54 births); Caxton, 19.5 (144);

Newmarket, 19.4 (361); Linton, 17.3 (171); Melbourn, 17.0 (136); Chesterton, 16.7 (399). The relative positions of these Districts vary greatly from year to year.

There were 131 *illegitimate* births in the Administrative County, 50 in Cambridge, 81 in the Rural Districts, compared with 63 in Cambridge, 99 in the Rural Districts, and 162 total in 1920. Calculated as a percentage of total births, the proportion of illegitimate births was 4.9 in Cambridge, 6.4 in the rural area, and 5.7 in the Administrative County, against 5.1, 6.6, and 5.9 per cent. respectively in 1920. The proportion of illegitimate to total births in the whole County, which fell during the early stages of the War, subsequently rising to a maximum in 1919, has thus fallen somewhat below that for 1914 (6.3 per cent.).

The proportion of *still-births* notified to total births notified was as follows:—

Borough of Cambridge	39	still-births,	or 3.2	per cent.
Rural Area	42	„	„	3.7 „
Whole County	81	„	„	3.4 „

*Death Rate from all Causes.*—After allowing for deaths away from the usual place of residence, the nett death rate for the whole County was 11.6 per 1,000, against 10.6 in 1920. The rates for the urban and rural areas were 10.9 and 12.2 respectively, both low rates. The death rate for Cambridge was 1.4 below that for the Great Towns (12.3).

The total deaths from all causes in the whole County were 1497 (Cambridge 642, Rural 855), being 96 more than in 1920, when the death rate was exceptionally low. The causes of deaths which mainly contributed to the increased mortality were cancer, non-pulmonary tuberculosis, pneumonia, organic heart disease and diarrhoeal diseases. The principal reductions are under the headings of congenital debility (including premature birth), nephritis, measles and “other defined causes.”

*Infant Mortality.*—The number of deaths under one year, 132 (urban 56, rural 76), was in the proportion of 58 deaths per 1,000 *births*. The corresponding rate for Cambridge was 54, against 87 for the Great Towns, and that for the rural area was 60 per 1,000 births. The rate for the Administrative County, though higher than the exceptionally low rate of the previous year, represents a saving of 13 deaths per 1,000 births when compared with the annual average (67) for the preceding 10 years. A lower level of mortality has only twice been reached both in Cambridge and in the rural area, although 1921 was a year of exceptional drought and therefore likely to be prejudicial to infant life.

The principal increases in mortality were from diarrhoeal diseases and pneumonia, but the outstanding feature of the infantile mortality returns is the very appreciable reduction in deaths recorded as due to congenital debility (including premature birth).

The mortality among illegitimate infants, compared with that among the legitimate, is shown by the following statement of deaths (approximate) per 1,000 births:—

		<i>Legitimate.</i>	<i>Illegitimate.</i>
Cambridge Borough	...	53	40
Rural Districts	...	48	111
Whole County	...	50	84

The death rate among illegitimate infants in the County as a whole considerably exceeded that of the legitimate. The actual numbers of deaths of illegitimate infants were 2 in Cambridge Borough and 9 in the Rural Districts.

*Mortality in Child Birth.*—Deaths of mothers in connection with child-birth numbered 9, of which 3 were due to sepsis and 6 to other accidents and diseases of pregnancy and parturition. Six notifications of puerperal sepsis were received, 2 from Cambridge and 4 from the rural area. The

deaths from sepsis do not exceed the annual average for the preceding five years.

During the five years 1916-1920, the maternal deaths from other causes than sepsis totalled 9 in Cambridge, 21 in the Rural Districts and 30 in the Administrative County, yielding average annual mortality rates per 1,000 *births* of 1.5, 2.9, and 2.2 respectively. In 1921, the corresponding figures were 2 deaths in Cambridge, 4 in the Rural Districts and 6 in the Administrative County, yielding mortality rates per 1,000 births of 1.9, 3.1, and 2.6 respectively. These figures vary from year to year, and as they are small any conclusions drawn from them are liable to be erroneous. The rural death rate may be expected to be, and actually is, higher than that for the town, owing to greater distance from hospital facilities, in spite of the assistance given under the Maternity and Child Welfare scheme.

*Infectious Diseases.*—The record of mortality from the commoner infectious diseases is again satisfactory. Mortality from diphtheria and scarlet fever was low, there were no deaths from enteric fever and measles, and only one from whooping cough. Considering the adverse climatic conditions, the loss of infant life from diarrhoeal diseases was not heavy. Deaths from pneumonia shewed a considerable increase, but those from pulmonary tuberculosis remained stationary, though mortality from tuberculosis of other organs was much higher than in 1920.

*Small-pox.*—One case of small-pox was notified in Cambridge, the attack commencing twelve days after a visit to London. The measures taken included hospital isolation of the patient and of the more immediate contacts and vaccination of contacts. No further cases developed.

*Scarlet Fever.*—Notifications numbered 171, compared with 225 in 1920. Of these, 74 were from Cambridge, and 97 from the rural area, the greatest prevalence being in Chester-

ton Rural District, where 46 cases were notified. There were 2 deaths, one in Cambridge and one in the rural area, the mortality rate for the whole County being 0.01. The proportion of fatal to total cases was 1.1 per cent.

The rural cases were scattered over a large number of parishes, but few cases occurring in any parish except at Castle Camps (Linton R.D.) where there were 10 cases in 7 families, and at Willingham (Chesterton R. D.) where 9 cases were attributed to failure to recognise and isolate the first cases. Altogether 91 cases, or 53 per cent. of those notified, were removed to Isolation Hospital from Cambridge and the Rural Districts.

*Diphtheria.*—The incidence in 1921 was less than half than in 1920, viz. : 82 notified cases against 176. Twenty-nine of the notifications were from Cambridge and 53 from the Rural Districts, including 20 from Chesterton and 14 from Melbourn R.D. respectively. In 8 of the 10 parishes concerned in Chesterton R.D. the disease was confined to the first household attacked. The most serious outbreak was at Fowlmere in the Melbourn R.D. and was probably due to the nature of the first cases being overlooked.

The number of deaths fortunately did not exceed 4, yielding a mortality rate for the whole County of 0.03 per 1,000 living, again much below that for England and Wales (0.12). The rate for Cambridge was 0.03, identical with that for the Rural Districts and much below 0.15, the rate for Great Towns. The proportion of deaths to total cases was 4.8 per cent.

The number of cases, including carriers, removed to Isolation Hospitals, was 73, or 89 per cent., against 77 per cent. in 1920.

*Enteric Fever.*—Twelve notifications were received (Cambridge 7, rural area 5), and one death occurred in the rural area.



*Diarrhoeal Diseases.*—Six deaths among children under two years occurred in Cambridge and 5 in the rural area, making a total of 11, practically identical with an average of 11.3 during the previous ten years. The death rates per 1,000 births were 4.80 for the whole County (England and Wales 15.5), 5.84 for Cambridge (Great Towns 19.3) and 3.99 for the rural area. The local rates are therefore again very much below those for the country generally, and may be regarded as very satisfactory in view of the unfavourable climatic conditions in 1921 caused by the prolonged drought.

*Whooping Cough.*—This disease, from which there were 10 deaths in 1920, was recorded to have caused one death only in 1921. This occurred in the rural area, the mortality rate for that area being 0.01 per 1,000.

*Measles.*—Following on the outbreak of 1919-20 there were no deaths from measles in 1921.

*Acute Poliomyelitis.*—One notification (rural) was received and no deaths were recorded.

*Cerebro-Spinal Meningitis.*—Two rural cases were notified, and one from the Caxton R.D. proved to be of a virulent type and died in hospital. Infection was attributed to an adjoining County.

Consultant opinion and serum treatment are provided for this disease by the County Council.

*Encephalitis Lethargica.*—Eleven notifications were received, all from Rural Districts with the exception of one from Cambridge. Six were from Chesterton R.D. and mainly from one parish. Seven deaths were attributed to this cause, 1 in Cambridge and 6 in the rural area, yielding mortality rates of 0.05, 0.01, and 0.08 per 1,000 for the Administrative County, Cambridge and the Rural Districts respectively.

*Malaria.*—Three notifications were received in the Melbourn District; no deaths are recorded.

*Ophthalmia Neonatorum.*—Eight notifications were received, 4 from Cambridge and 4 from the rural area, against a total of 16 in 1920. One is stated to have been treated in hospital and no permanent ill effects are recorded in any of the reports. Information received through administration of the Midwives Acts would appear to confirm this.

*Pulmonary Tuberculosis.*—The total number of notifications received (Form A) was 254 or 1.96 per 1,000 of the population, compared with 241 (1.83 per 1,000) in 1920. After deducting duplicates, the number of notifications received for the first time was 248 (1.92 per 1,000) against 233 (1.77 per 1,000) in 1920.

The improvement in notification recorded last year was therefore maintained. By prompt notification the Tuberculosis Officer will have earlier knowledge of cases requiring sanatorium treatment, which is provided by the County Council for both insured and uninsured.

The number of deaths registered from this cause was 91 against 88 in 1920. In Cambridge Borough there were 46 deaths, compared with 45 in 1920, the number of deaths registered in the rural area being 45, compared with 43 in the previous year. The mortality rates per 1,000 living were:—Administrative County 0.70 (0.67 in 1920), Cambridge Borough 0.78 (0.74 in 1920), and Rural Districts 0.64 (0.60 in 1920).

Comparison of the number of deaths (91) during the year with the average of 112 for the five years 1910-14, and of 135 for the four War years ending 1918, confirms the inference in last year's report that the downward trend of mortality from this disease, which was interrupted by the War, has now been resumed.

*Tuberculosis of Other Organs.*—There were 65 notifications received, compared with 58 in 1920, yielding a notification rate of 0.50 per 1,000. After deducting three duplicate



notifications, the number of notifications received for the first time was 62, yielding a notification rate of 0.48 per 1,000 of the population. The deaths numbered 33, compared with 19 in 1920. Of these, 9 occurred in Cambridge and 24 in the Rural Districts. The mortality rates per 1,000 living were as follows:—Administrative County 0.25 (0.14 in 1920), Cambridge 0.15 (0.11 in 1920), and Rural Districts 0.34 (0.16 in 1920).

*Pneumonia*.—There was an appreciable increase in the mortality from this cause, 78 deaths being recorded against 57 in 1920. Of these, 42 occurred in Cambridge and 36 in the rural area. The mortality rate for Cambridge was 0.71 per 1,000 living, for the rural area 0.51 and for the whole County 0.60 per 1,000.

Acute primary pneumonia and acute influenzal pneumonia became notifiable on March 1st, 1919. During 1921, 22 notifications were received in Cambridge and 20 in the rural area.

*Cancer*.—There were 206 deaths attributed to cancer, against 181 in 1920. Of these, 90 occurred in Cambridge and 116 in the rural area. The proportion of recorded deaths per 1,000 living was 1.59 in the Administrative County (1.37 in 1920), 1.52 in Cambridge (1.34 in 1920), and 1.65 in the rural area (1.40 in 1920). The appreciable decline in recorded mortality from this cause since 1917 was therefore not maintained in 1921.

*Influenza*.—The number of deaths (12) attributed to this cause was much below the average of non-epidemic years. The mortality rates were 0.09 per 1,000 for the whole County, 0.14 for Cambridge, and 0.05 for the rural area.

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Cambridge.

